

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 04/109082	<small>FILING DATE</small> 7-2-98				
							<small>APPLICANT(S)</small> 					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* D.D.		* D.E.P.		
	D.D.	D.E.P.	D.D.	D.E.P.	D.D.	D.E.P.		D.D.	D.E.P.	D.D.	D.E.P.	
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.D.	21						TOTAL D.D.					
TOTAL D.E.P.	06						TOTAL D.E.P.	2				
TOTAL CLAIMS	127						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

127 + 2 129/24

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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